

# ECS Configuration Change Request

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<b>CCR No.</b> 96-0234	<b>Logged Date</b> 3/11/96	<b>Rev.</b> -	<b>Request Type</b> CCR
<b>Priority</b> Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>		<b>Affected Release</b>	<b>Change Class</b> II
<b>Title</b> (description) MSS DID305 for Release B CDR			
<b>Documents Affected</b>  Release B CSMS System Management Subsystem Design Specifications for the ECS Project 305-CD-029-002		<b>Source Nos</b> (RID, NCR, etc.) or Tech Reference	
<b>RTM Changed</b> <input type="checkbox"/> <b>Start New Baseline</b> <input type="checkbox"/>			
<b>Problem</b> MSS DID305 needs update form IDR baseline.			
<b>Proposed Solution</b> Approve new DID305 for CDR baseline			
<b>Impact Analysis:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Organizations Affected:</div> <div>BOO <input type="checkbox"/></div> <div>Contracts <input type="checkbox"/></div> <div>ESO <input type="checkbox"/></div> <div>FOS <input type="checkbox"/></div> <div>M&amp;O <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>QA <input type="checkbox"/></div> <div>Rel. A <input type="checkbox"/></div> <div>Rel. B <input checked="" type="checkbox"/></div> <div>Rel. IR1 <input type="checkbox"/></div> <div>SCDO Supp <input checked="" type="checkbox"/></div> <div>SMO <input type="checkbox"/></div> <div>Subconts <input type="checkbox"/></div> </div> <div style="margin-top: 10px;">           Other _____         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Cost:</div> <div>None <input type="checkbox"/></div> <div>Small <input type="checkbox"/> <small>(Not exceeding \$100,000)</small></div> <div>Medium <input type="checkbox"/> <small>(\$100,000 to \$500,000)</small></div> <div>Large <input type="checkbox"/> <small>(Over \$500,000)</small></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Schedule:</div> <div>None <input type="checkbox"/></div> <div>Other _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Additional LOC _____</div> <div>Man-Months _____</div> </div> <div style="margin-top: 10px;">           Materials _____         </div>			
<b>Originator</b> _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature _____</div> <div>Date _____</div> </div>			
<b>Office</b> <u>Rel B</u> <b>Office Manager</b> _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature _____</div> <div>Date _____</div> </div>			
<b>Disposition</b> Approved <input type="checkbox"/> Approved w/Comment <input checked="" type="checkbox"/> Deferred <input type="checkbox"/> Disapproved <input type="checkbox"/>			
<b>Comments:</b> Update Appendix A Req table			
<div style="text-align: right; margin-top: 20px;"> <b>CCB Chairperson</b> _____  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature _____</div> <div>Date _____</div> </div> </div>			

